



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

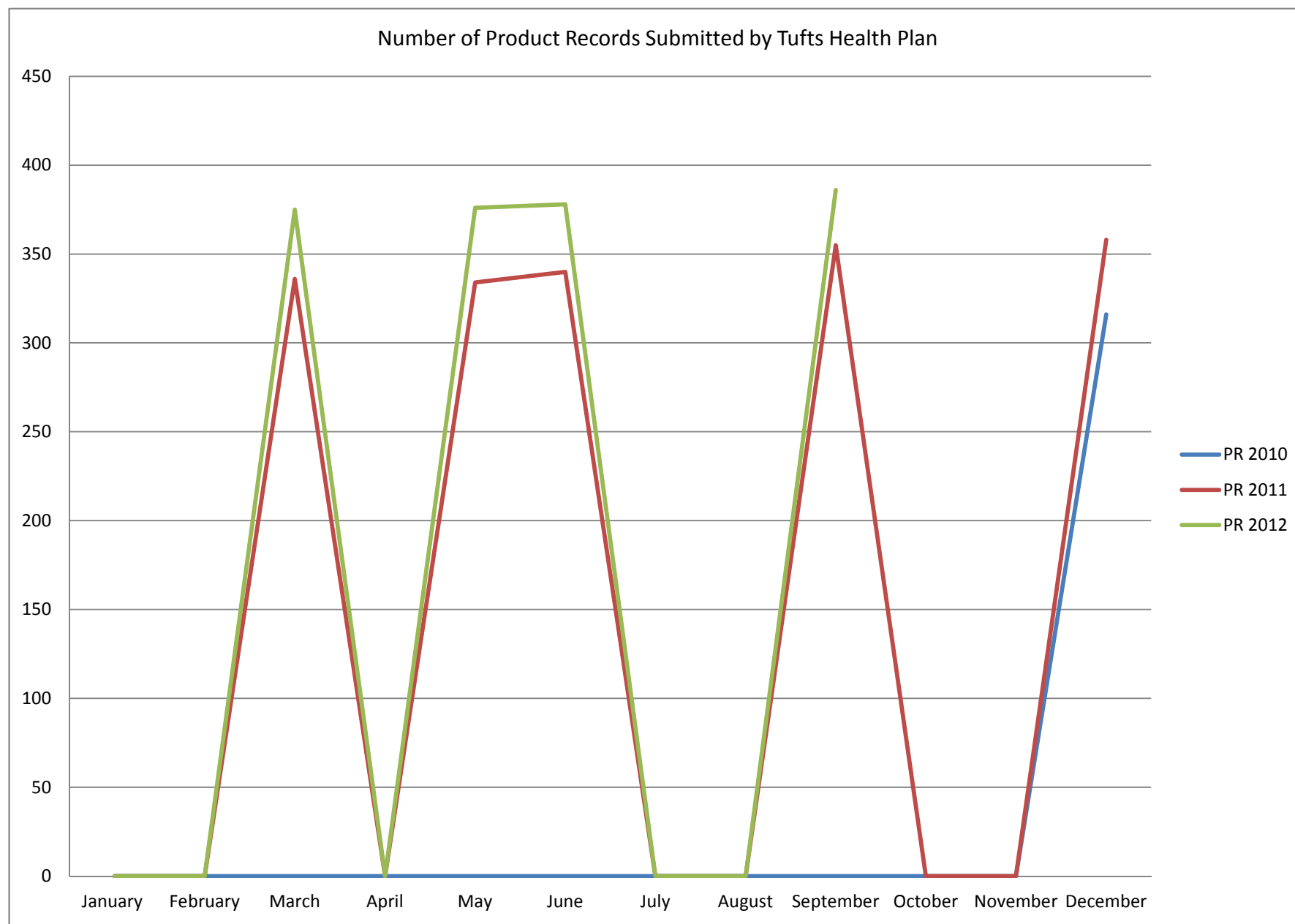
Tufts Health Plan														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	316	316
PR	2011	0	0	336	0	334	340	0	0	355	0	0	358	1723
PR	2012	0	0	375	0	376	378	0	0	386				1515
ME	2009	0	0	0	0	0	0	0	0	0	0	0	1,023,323	1023323
ME	2010	0	0	0	0	0	0	0	0	0	0	0	1,208,893	1208893
ME	2011	1,247,349	1,237,476	1,220,874	1,220,468	1,219,855	1,213,742	1,233,056	1,235,118	1,228,472	1,232,462	1,231,874	1,111,919	14,632,665
ME	2012	1,177,006	1,171,527	1,140,580	1,139,328	1,134,080	1,038,046	1,062,224	1,057,342	1,048,597	1,048,073			11,016,803
PV	2011	796,938	798,045	799,509	800,569	810,290	813,700	816,376	818,470	820,176	835,289	836,742	837,606	9,783,710
PV	2012	846,704	850,485	857,812	868,792	877,981	883,536	892,675	899,234	907,091	916,286			8,800,596
MC	2008	2,134,953	2,097,361	2,519,019	2,094,153	2,247,217	2,305,651	1,850,360	2,738,105	3,130,015	3,611,050	2,629,561	2,781,574	30,139,019
MC	2009	2,189,659	2,080,080	2,529,505	2,471,341	3,792,424	3,190,680	2,308,741	2,426,255	2,276,264	2,727,619	2,541,547	3,153,686	31,687,801
MC	2010	2,224,239	2,236,106	2,908,799	2,739,512	3,454,866	2,149,923	2,305,827	2,458,102	2,777,412	3,184,162	3,022,273	2,411,707	31,872,928
MC	2011	2,856,502	3,379,145	3,876,718	4,490,201	3,803,191	2,399,135	2,606,959	2,885,010	2,709,198	3,300,569	2,407,397	2,414,110	37,128,135
MC	2012	2,385,478	2,825,837	2,758,210	2,703,861	2,450,776	2,582,901	2,725,917	2,594,982	2,285,991	2,753,541			26,067,494
PC	2008	544,015	834,151	558,247	552,292	565,248	568,676	555,144	835,843	563,446	582,714	585,177	581,796	7,326,749
PC	2009	868,531	575,980	583,621	589,346	597,970	586,817	866,746	576,770	592,465	600,901	618,046	609,569	7,666,762
PC	2010	898,169	600,943	613,062	603,332	610,681	599,937	891,867	600,754	603,665	609,885	615,723	914,173	8,162,191
PC	2011	636,132	641,421	670,574	645,388	639,451	631,407	927,049	616,854	609,367	605,992	612,145	906,551	8,142,331
PC	2012	817,162	708,653	1,411,689	797,696	649,557	999,301	640,310	713,754	731,428	670,755			8,140,305
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0

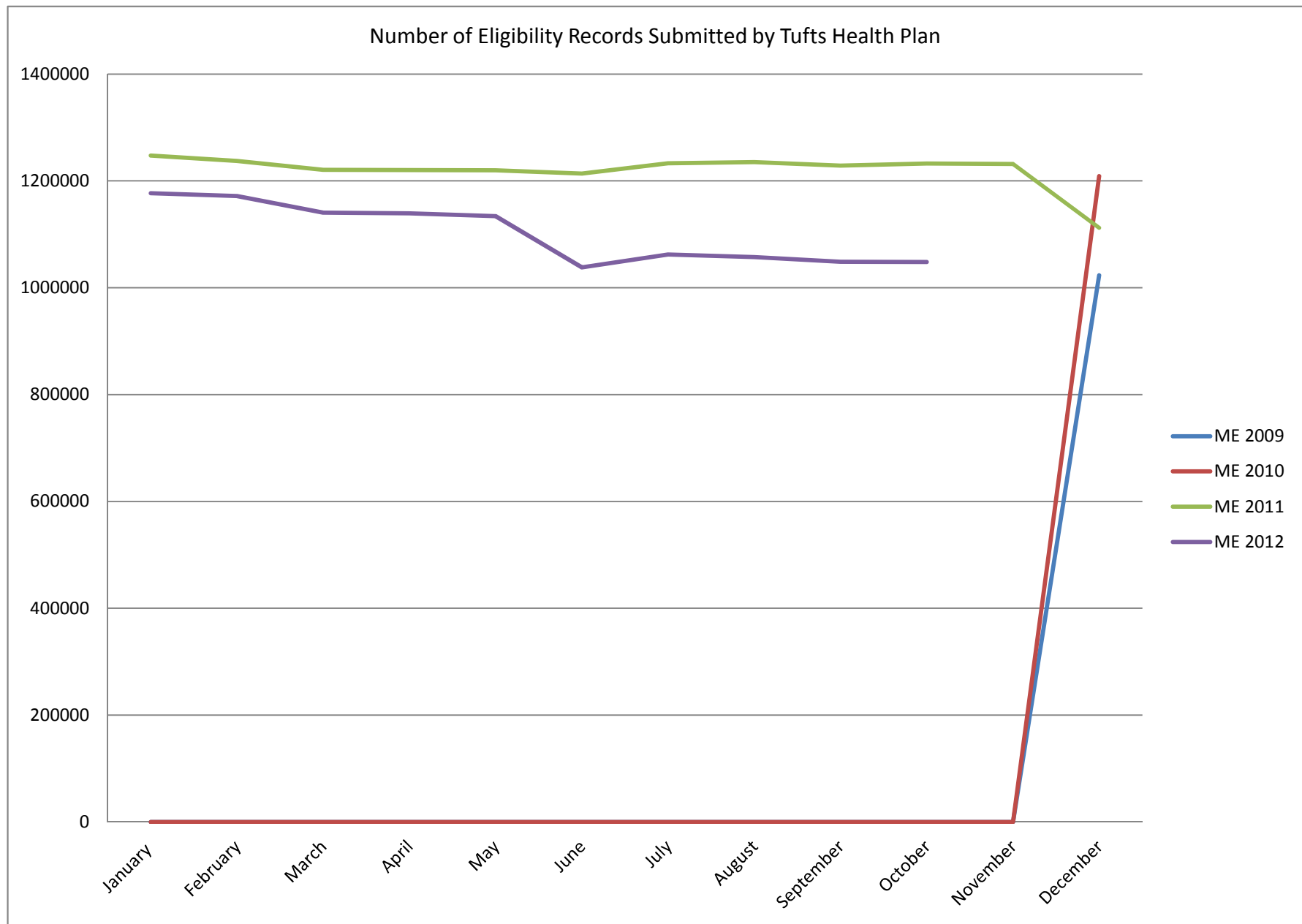
***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.





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